



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246

Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us

MN Relay Service for Hearing Impaired (800) 627-3529

Re: Emeritus Registration Application

Dear Licensee:

Enclosed is an application for registration as an emeritus physician. Emeritus registration is a formal recognition of physicians who are completely retired from active medical practice and is available to physicians who have completed their medical career in good standing. Emeritus registered physicians cannot engage in the practice of medicine including the prescribing of drugs. The registrants are not subject to renewal fees or continuing education requirements. There is a one time fee of \$50. Wall certificates are issued within one week after Board approval.

Any emeritus registrants who decide to change back to active status must submit materials in accordance with the rules including: medical education, medical license number, duration of medical licensure, date of emeritus registration, health status, malpractice/discipline history, continuing education, references, and all back licensure fees. Emeritus registrants who were granted emeritus registration more than three years ago and who desire to change back to active status must pass the Special Purpose Exam (SPEX) within the year prior to reapplication for active status in addition to submitting the materials listed above. The Board must then act upon the registrant's request for active status.

Please contact the Board you have any questions.

APPLICATION FOR EMERITUS REGISTRATION



MINNESOTA BOARD OF MEDICAL PRACTICE
UNIVERSITY PARK PLAZA
2829 UNIVERSITY AVENUE SE, SUITE 500
MINNEAPOLIS, MINNESOTA 55414-3246
612-617-2130 or www.bmp.state.mn.us

Hearing Impaired-Minnesota Relay Service
Metro Area 297-5353
Outside Metro Area 1-800-627-3529

FOR BOARD USE ONLY

APPLICATION #: _____

CHECK/RECEIPT #: _____

AMT PAID: _____

EMERITUS REG #: _____

APPROVE DATE: _____

LICENSE #: _____

DATE OF APPLICATION:

MONTH	DAY	YEAR

INSTRUCTIONS TO APPLICANT

Minnesota Chapter 5606 EMERITUS REGISTRATION allows a physician to apply for emeritus registration providing the physician is completely retired from the active practice of medicine and has not been the subject of disciplinary action resulting in suspension, revocation, qualification, condition, or restriction. Emeritus registered physicians cannot engage in the practice of medicine including the prescribing of drugs. Any emeritus registrants who decide to change back to active status within three years must submit materials in accordance with the rules. After three years, a registrant must pass the Special Purpose Examination within the year preceding the reapplication for active status. The Board must then act upon the registrant's request for active status.

The application fee is \$50. Answer all questions completely and accurately or the application will be returned. Enter all dates as MONTH-DAY-YEAR. For example, January 1, 1993.

ACCOUNT CODE	AMOUNT
635018	

YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY:
HOME PHONE:	WORK PHONE:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OTHER NAMES:
SOCIAL SECURITY #:	DATE OF BIRTH:	MINNESOTA LICENSE #:	DATE OF RETIREMENT:

MEDICAL DIPLOMA

DOCTOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE	COUNTRY:	DATE (Month-Day-Year)
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY					

I certify that I have retired from the practice of medicine and will no longer participate in any level of patient care and that I have not been the subject of disciplinary action resulting in suspension, revocation, qualification, condition or restriction of my license in any state.

Signature _____ Date _____